PTO/SB /06 (08-03)
Approved for use through 7/31/2006, OMB 0651-0032
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	PAT	ENT APPLIC	ATION	FEE DETE	RMINATIO	N RECORD	OLLITATION OUNG	SS it displa	ys a valid OMB	control number.	
PATENT APPLICATION FEE DETERMINATION RECORD  Substitute for Form PTO-875									Application or Docket Number		
								14	6723	58	
		CLAIMS AS	FILED	– PART I					OTHE	RTHAN	
(Column 1) (Column 2)						SMALL	NTITY	OK	SMALL	ENTITY	
FOR NUMBER FILED			AD (149)	ER EXTRA							
BASIC FEE					EN EXINA	RATE	FEE	ļ	RATE	FEE	
(37 CFR 1.16(a))					1 1	S	OR		s		
TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 =							1 0"	<b></b>	<del></del>		
INDEPENDENT CLAIMS				X S =		OR	x s =	ļ			
(37 CFR 1.16(b)) minus 3 = 1					x \$ =	}	OR	X S =			
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						1		UK	<u> </u>		
	THE DEPENDE	THI CLAIM PRESER	VI (.	37 CFR 1.16(d))		+ 5 =		OR	+ s =		
100	ne alterence in i	Column 1 is less tha	en zerd e:	ster "u" in commi	y	101AL	!				
						IOIAL	L	<u>l</u> úk	TOTAL	L	
	-	eniilis Ab Alii	ewill.	FARLE							
		_									
12	-16-05	(Column 1)		(Column 2)	(Column 3)	SMALL	ENTITY	OR		THAN	
∢		CLAIMS REMAINING		HIGHEST	PRESENT			1	SIVIALL	ENTITY	
<u></u>	ļ	AFTER		NUMBER PREVIOUSLY	EXTRA	RATE	ADDI-		RATE	ADDI-	
E		AMENDMENT		PAID FOR		1 L :	TIONAL FEE			TIONAL FEE	
N	Total (37 CFR 1.16(c))	.51	Minus	్ 5ఎ	=	x \$ =		1		FCC	
Z	Independent	. 0	Minus		=	X S=		OR	X S=		
AMENDMENT	(37 CFR 1.16(b))	8	<u> </u>	<i>&amp;</i>	I	=		OR	xs =		
Ā	FIRST PRESENT	TATION OF MULTIPL	E DEPEND	ENT CLAIM (37 CF	FR 1,16(d))			1			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					<del>  + s                                </del>		OR	+ s=			
		•				TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
		(Column 1)		(5-1 2)	(0.1			,	1.00 61 62		
	<u> </u>	CLAIMS	ı	(Column 2) HIGHEST	(Column 3)	1		1			
8		REMAINING	ļ	NUMBER	PRESENT	RATE	ADDI-		RATE	ADDI-	
Z		AFTER AMENDMENT	i	PREVIOUSLÝ PAID FOR	EXTRA		TIONAL	l	INAIC	TIONAL	
Ä	Total	•	Minus	**	=		FEE		3 : 2	FEE	
ENDMENT	(37 CFR 1.16(c))	·				X \$=	<u> </u>	OR .	x s=		
鱼	Independent (37 CFR 1.16(b))	}	Minus	•••	=	. x s =					
AME			·	L			·	OR	X \$=	<del></del> :	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							OR	+s =	•	
						TOTAL ADD'L FEE			TOTAL		
						MOD L FEE		OR ·	ADD'L FEE		
		(Column 1)	,	(Column 2)	(Column 3)						
ပ		CLAIMS REMAINING		HIGHEST NUMBER	PRESENT	DAYE		]			
		AFTER		PREVIOUSLY	EXTRA	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
鱼	Tot-1	AMENDMENT		PAID FOR			FEE			FEE	
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Z	Independent (37 CFR 1.16(b))	•	Minus	***	=		<del></del>	OR	x s=		
AMENDMENT	(3) CFR 1.10(0))	1	L	·		x s=		OR	x s =		
٩	FIRST PRESENT	ATION OF MULTIPLE	ENT CLAIM (37 CF	R 1.16(d))	+\$ =		05		-		
	· · ·	<del></del>	•		· · ·	TOTAL		OR	+ \$=		
						ADD'L FEE		OR	ADD'L FEE		
•	" If the "Highest	olumn 1 is less tha Number Previously	Paid For	IN THIS SPACE	is lass than 20	onter "20"		-			
••	* If the "Highest I	Number Previously	Paid For	IN THIS SPACE	is less than 3, e	nter "3".			•	* 1	

"If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Γ	Application or Docket Number												
	PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003  [0,642,358]												
.,	CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE OR SMALL ENTITY												
T	OTAL CLAIMS		.72	,				RAT	Ē	FEE	]	RATE	FEE
F	ХЯ		NUMBER	FLEO	NUMBER EXTRA			BASIC	FEE	385.00	OR	Basic fee	770.00
TO	TAL CHARGE	BLE CLAIMS	52 min	us 20=	. 32			XS 9			OR	X\$18=	576
INI	DEPENDENT C	LAHAS	g/ mi	nus 3 =	5			X43=		OR	X86=	430	
MI	ILTIPLE DEPEN	IDENT CLAIM PI	RESENT				+145=			OR	+290=		
• 11	• If the difference in column 1 is less than zero, enter "0" in column 2							TOTA	NL.		OR	TOTAL	
	CLAIMS AS AMENDED - PART II										_	OTHER	
(Column 1)			(Column 2) · (Column 3)					SMA	u	ENTITY	OR	SMALL	
AMENDMENT A	A	CLAIMS REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER	PRESENT EXTRA		RAT	Ε	ADDI- TIONAL FEE	·	RATE	ADDI- TIONAL HEE
S S S	Total	. 32	Minus	-50	2	.0		XS 9			OR	XS18=	
1	Independent	· 8	Minus					X43	=		OR	X86=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+:45	=		OR	+290=		
1	06/24/04 (Cotumn 1) (Cotumn 2) (Cotumn 3)							TO ADOM:	TAL		OR	ADDIT, FEE	
AMENDMENT B	h	(Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT		(Colur HIGH NUM PREVK PAID		(Column 3) FRESENT EXTRA	]	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Tous	33	Minus	~	2	- 1		XS S	)=		OR	X\$18=	18:
AME	Indepositant	NTATION OF	"Sinus		S)- CLAIM	1.6		X43	=		OR	X86=	
<b>L</b>	THOTPALOE	TOTAL OF SA	······································	21021			1	+145	=		OR	+290=	17.1
	air 18						1	- TO	A		OR	TOTAL ADDIT. FEE	18
_{	31605			(Colui		(Column 3:							
ENTC		CLAIMS REMAINING . AFTER AVENDMENT		HIGH NUM PREVI PAID	BER OUSLY	PRESENT EXTRA		RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
2	Total	. 51	Minus .	**		3		XSV	2		OR	X\$18=	
AMENDMENT	Independent	. 8	Minus	***		•		X43	•		OR.	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR +290 =												
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Mumber Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT, FEE  ADDIT, FEE												
-	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												
FORM PTO-875 (Rev. 1003) Proset and Trademark Office, U.S. DEPARTLENT OF COMMERCE													